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GEORGIA OSTEOPATHIC
MEDICAL ASSOCIATION
1902

Your monthly GOMA news & update

Welcome to GOMA's monthly newsletter where you can stay up-to-date on the latest osteopathic news and happenings in the GOMA community.

2020 Annual Meeting of the GOMA

Installation of the new GOMA President – Karen Turner, DO



Karen Turner, DO was installed as the 2020 – 2021 President of the Georgia Osteopathic Medical Association by Craig Kubik, DO at the Annual Meeting of the GOMA Membership held via Zoom on Saturday December 5, 2020. She thanked Dr. Kubik for his service over the difficult 2020 year. She then proceeded to lead the rest of the annual meeting including the election of the slate of officers for the 2021 along with the swearing in of the 2021 Executive Board listed in the table below.

EXECUTIVE BOARD	
President:	Karen Turner, DO
President-Elect:	Dianna H. Glessner, DO
Immediate Past President:	Craig Kubik, DO
Vice-President:	Randy E. Durbin, DO
Secretary-Treasurer:	Sonbol Shahid-Salles, DO
DISTRICT 1	
President:	Gregory E. Harris DO
Secretary-Treasurer:	Noelle Barrera, DO
DISTRICT 2	
President:	Michael Mangonon, DO
Secretary-Treasurer:	Joseph Huong, DO, MS
DISTRICT 3	
President:	Woody M. Weeks, DO
Secretary-Treasurer:	Alexander Ibezi-Enendu, DO
DISTRICT 4	
President:	Bridgett Bailey, DO
Secretary-Treasurer:	Lee LaRavia, DO

NEW DUES! The most significant business that was approved by the members in attendance was the raising of the dues by \$30. Since dues have not been increased in the past thirty years that averages out to \$1 per year for increasing cost of doing business. Invoices for 2021 membership will be sent in the month of January.

Remembering our own...



Charlie White, DO (1946-2020)

Announced at the GOMA membership meeting, Charlie L. White, DO died at the age of 74 years old on October 26, 2020. Dr. White started as a pharmacist then graduated with a D.O. degree from PCOM in Philadelphia in 1983. He did his post-graduate training at Doctor's Hospital in Tucker, GA. He served the community of Cleveland, GA as a family physician for decades. He was a past

president of GOMA (2000) and then went on to serve on the Composite Board of Medical Examiners for many years including one year as the head of that important organization. Additionally, as mentioned in his obituary, Dr. White served as a county commissioner for White County. His charity of choice is noted in the obituary. GOMA will greatly miss this down to earth friendly doctor. For a full obituary [click here](#).

At your Convenience

GOMA 2020 Annual Fall CME Meeting: Lectures Online!

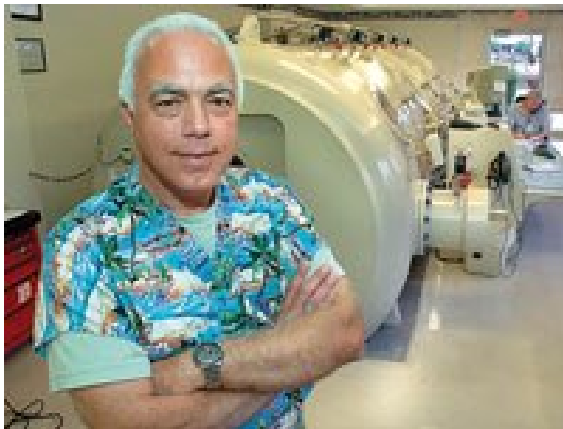
DO-CME is collaborative effort by state osteopathic societies to provide the highest quality online CME for the needs of osteopathic physicians. This catalog of over 600 educational opportunities was put together by the Association of Osteopathic State Executive Directors (AOSED). AOSED has done a lot of great things over its hundred year of being in existence, but this web site is a terrific one stop shop for online continuing medical education. GOMA is excited that DO-CME has selected 11 of GOMA's 14 fall conference lectures to offer to doctors around the country. You can "attend" one or all by [clicking here](#).



DO·CME
Working in Partnership for Professional Education

Did it Right!

Thomas Bozzuto, DO Wins Award for Care



Congratulations to Thomas M. Bozzuto, DO – Medical Director of the Phoebe Wound Care and Hyperbaric Center for receiving the Kindwall National Award of Excellence in Clinical Hyperbaric Medicine from the American College of Hyperbaric Medicine (ACHM). The award of excellence is "given in recognition to those professionals who have demonstrated a career-long commitment to hyperbaric medicine



through excellence in education, application of therapy, research, and forward-thinking, and leadership.” Dr. Bozzuto is a past President of GOMA.

NEED TO KNOW

How Do Doctors Get the COVID Vaccine if They Are Not Part of a Hospital System?



The [Georgia Department of Public Health \(DPH\)](#) has distributed district-specific information (and counties are noted in the districts) on how physicians and their practice staff in the state can schedule appointments for COVID-19 vaccinations in Phase 1A.

DPH stresses that “vaccine supplies remain extremely limited and you may not be able to obtain vaccination appointments immediately. Please be patient as our districts are accommodating hundreds of calls daily.”

The web page notes that, “This list is only for Healthcare Providers/Practices NOT enrolled as a COVID-19 vaccine provider or affiliated with a hospital and requesting to receive COVID-19 vaccination at your local public health department. The [list] is organized by public health districts and counties, and it includes a form and/or contact information for registration.”

Interview with Infectious Disease Specialist Manuel "Manny" Rodriguez, DO on COVID-19

Manny Rodriguez, DO was born in New York, raised in South Florida, and attended osteopathic medical school at NOVA SECOM graduating in 2006. He completed his D.O. Internship at Palmetto General in

Hialeah, Florida. Dr. Rodriguez went on to University of South Alabama – Mobile for Internal Medicine and did an extra year serving as Chief Resident. He then moved to Washington, D.C. to do his Infectious Disease Fellowship at George Washington University finishing in 2013. Dr. Rodriguez and his wife moved to metropolitan Atlanta after their second child was born to be close to his mother-in-law.



In 2013, he started working at Infectious Disease Service of Georgia (IDSGA) which covers the north arc of Atlanta (Roswell, Johns Creek, Cumming) with their newest office in Canton, GA. on 12/1/2020. The practice has grown to eight physicians. Dr. Rodriguez has spoken at GOMA conferences on multiple occasions. We thought this was good time to look back over the past 9 months of the pandemic and ask some questions. The responses of Manuel Rodriguez, DO are noted with MR: and this interview occurred in the evening of December 1, 2020 which must be taken into account since we are learning new information about COVID-19 every day.

1. mRNA COVID-19 VACCINES (from press releases at the time):

MR: The statement that it is 90-95% effective – it would be great if when it came out that it would be that effective, but we know that depending on the population, the age group and all those things, it's going to make a huge difference on the efficacy of the vaccine moving forward. If you have someone whose on Remicade for Crohn's, or has poorly controlled HIV or poorly controlled diabetes in your clinic, those people don't respond well to the flu vaccine, a traditional attenuated virus, how can we expect them to have the same efficacy with this vaccine? I don't think we can expect that. I think the actual numbers will be lower. Now, that being said, any number is better than zero, you know. At this point, we're desperate to get through all this. What we are hearing in the press, "Oh, it's 90 – 95% effective, it's the best thing ever!" It's great, but I think we're going to be a little disappointed when we see the actual efficacy is going to be less than that.

2. CONSPIRACY THEORIES FLOATING ON SOCIAL MEDIA ABOUT THE mRNA COVID-19 VACCINES:

MR: It's a very specific viral protein. So it's not like . . . I can see in my mind how things can be taken out of context, and essentially, you're injecting mRNA, in this particular case, why not include something else that can do something to you in the long term? I don't know what to say about that. If you believe the science, and you believe the data, we trust that people are going to do the right thing. We believe this is going to be what it is meant to be. We know there can

be side effects, of course, but to say that it's going to control our bodies, I think it's more science fiction. We are talking about mRNA, not actual DNA. It's a very specific target. It's not meant to go to all of your cells. It's a very specific cell targeting.

3. ASTRA ZENECA COVID-19 VACCINE(from press releases at the time):

MR: It's a standard vaccine – an attenuated virus, and it's still multiple dose, but it is going to be easier to store compared to the Moderna and Pfizer vaccines, which is one of the big pluses of the Astra Zeneca.

4. MASKS AND CONTROVERSIES ABOUT THEM:

MR: I believe they do (protect the wearer of masks). And I think the guidelines are changing now, and that they probably do have some benefit to the person wearing them, and not just to the people around them. Of course, there is always a difference between what type of mask that you wear whether it's a cloth mask, a surgical mask, a N-95 mask, a respirator, etc. Yeah, I think that there is even some benefit with a cloth mask for the individual and not just the people around them. . . So, those filter masks that you see when you exhale those filters are just releasing out what you have in there. **HARMS TO WEARING A MASK?** There may be some mental health issues that arise with wearing masks. Some people are very claustrophobic and feel that masks are smothering them. There are folks with severe COPD who would rather not wear a mask, but you have probably seen on Facebook News that medical student ran 20 miles with a mask with no problem. I don't think we can say that wearing a mask causes physical harm per say.

5. DO YOU THINK THAT THERE IS A ROLE FOR THE COMPOSITE MEDICAL BOARD DEMAND THAT DOCTORS WEAR MASKS WHEN THEY ARE AROUND PATIENTS?

MR: I had a patient who I got to see who is from Tennessee originally and they lived there. She had an orthopedic problem. Her mother was telling me that they went to one of the doctors. And the doctor wasn't wearing a mask which made them very uncomfortable, and they asked him to wear a mask, and he refused. And, I think that the science is there that masks help. We as physicians are supposed to set a good example for our patients. I think we ought to be wearing masks, certainly, in the clinic with a patient. Most of us would with patients that are at the highest risk of developing complications. I think that the Board should look into that as a safety concern because there are doctors who are getting COVID-19 like my partner. You know, you wouldn't walk into the room of a patient with meningococccemia without a mask. If you knew a patient had COVID-19, would you go to that doctor? Probably not.

6. FOR OUTPATIENT CARE, WHO ARE THE COVID PATIENTS THAT ARE ANTICOAGULANT CANDIDATES?

MR: Based on the guidelines, it should be those that are inpatient. Certainly when they are inpatient, you give them general prophylactic anticoagulation unless they are morbidly obese, or they are on O2 in which case you are giving them a higher therapeutic doses of an anticoagulation at that point. But as far as outpatient, I have not read any good data as far as recommendations on outpatient anticoagulation. I guess I have heard but not read that some people

anecdotally using Aspirin for example when they get COVID of depending the case involving thrombi. To my knowledge, there is no data about that.

7. IS REMDESIVIR APPROPRIATE FOR OUTPATIENT COVID CASES?

MR: So, I think what eventually is going to happen . . . no one is sure, but I think what is going to happen, much like Tamiflu (Oseltamivir), Remdesivir will be used like that. You start feeling sick, you get tested, you are positive, you are doing great, you start Remdesivir and you do one of two things: you reduce the duration symptoms or you reduce the risk of hospitalization . . . and that's the way I see it. I think in the end, it is going to be better served in the outpatient setting. I think the data has born out that when it comes to really sick people, it is of little to no benefit, at least in the current articles that have been released . . . I think it will be the higher risk patients – your diabetics, your smokers, the COPDers and the ones that are on immune suppressants that you worry are going to get in a hypoxic crash.

8. WHEN IS IT GOOD TO CONSIDER USING STEROIDS IN AN OUTPATIENT COVID CASE?

MR: So, the outpatient part is more difficult because the focus has been so much on inpatient. I have not seen any data in regards to outpatient use of steroids. I will tell you anecdotally that some patients that have had . . . that are post-COVID that have some wheezing on exam that seem to bounce back. You treat them as you would an exacerbation like that, and they bounce back. In the midst of COVID, I have not seen data to support that steroids will help prevent the progression. It may make them feel better, but as far as duration of symptoms or reducing risk of hospitalizations, I have not seen any data that steroids in outpatients will help.

9. HOW LONG SHOULD COVID PATIENTS STAY IN QUARATINE?

MR: So, as you know the guidelines change. It used to be 14 days from the onset of symptoms as long as the patient had been fever-free at least 24 hours without the use of antipyretics, and symptoms had improved. They dropped it down to 10 days. So that's the guidelines that I give my patients. The guidelines also say that within three months of having COVID that you really have a free pass. Essentially, we don't see a lot of patients getting COVID within that first three months after they have been infected. That can change as we get more and more data.

Stimulus Bill signed by President Trump on Dec 27 Averting a Shutdown

The Consolidated Appropriations Act, 2021 was signed into law by President Donald Trump on December 27, 2020.

Medicare Fee-For Service (FFS) payment adjustment has been suspended through March with this new bill. The Coronavirus Aid, Relief, and Economic Security (CARES) Act (which was signed into law in March 2020) suspended the payment adjustment percentage of 2% applied to all Medicare FFS claims from May 1 through December 31, 2020. The Consolidated Appropriations Act,

2021 signed into law last month extends the suspension period to March 31, 2021.

Of interest to the medical community, the bill includes more than \$284 billion for first and second forgivable PPP loans. Businesses that received PPP loans and had them forgiven will also be allowed to deduct the costs covered by those loans on their federal tax returns. The deal includes \$20 billion for targeted grants through the Economic Injury Disaster Loan program. Corporate meal expenses are 100% deductible.

The package includes billions of dollars to accelerate vaccine distribution and carry out a national testing and tracing strategy. The package includes legislation to end surprise billing for emergency and scheduled care; provides a tax credit to support employers offering paid sick leave; \$13 billion in increased food stamps and nutrition benefits; \$ 7 billion to increase access to broadband. Corporate liability protections did not make it into this bill. The surprise medical billing protections have been very controversial.

The AMA stated that “the surprise billing provisions include several important improvements over a proposal that was circulated last week, which includes a clarification that an upfront, initial payment or notice of denial is required from the plan to the physician; an increase in the time for a physician to pursue independent dispute resolution (IDR) from two to four days; a prohibition against considering public program rates like Medicare, Medicaid, and Tricare during the IDR process; and the elimination of problematic timely billing provisions.”

These bills – sometimes totaling tens or even hundreds of thousands of dollars – can result when a patient unintentionally gets care from a doctor or hospital outside their health plan’s network. Lawmakers have spent the last two years working on a solution to protect patients from surprise medical bills while guiding insurers and providers on how to resolve them.

The compromise measure, agreed to by GOP and Democratic leaders of four congressional committees, says an independent arbiter decides the payment for such bills when insurers and providers can’t reach an agreement on their own. The third-party arbiter must consider median in-network prices when settling disputes around a medical service or procedure. They’re also prohibited from considering the charges billed by doctors and hospitals. The two parties must first spend 30 days trying to resolve their differences before going to arbitration. Once arbitration begins, the mediator must consider in-network rates for the services under consideration. And there’s a 90-day “cooling off” period, in which the party that brought the dispute can’t initiate another resolution process for the same service.

Sen. Bill Cassidy (R-LA), Sen. Maggie Hassan (D-N.H.) and 25 other senators have begged Senate leaders to include surprise medical billing protections in the spending package. A letter they sent in the middle of December to Senate leaders notes that the measure could save \$18 billion, although that estimate is based on scores from the Congressional Budget Office on previous iterations. The funding, the senators argued, could be used to fund Community Health Centers and other primary care programs for four years.

Key E-Prescribing Update



The Centers for Medicare & Medicaid Services (CMS) distributed an alert on December 28, 2020. In the alert, CMS announced that the effective date for e-prescribing for Medicare Part D beneficiaries is January 1, 2021 (i.e. physicians who are not already e-prescribing controlled substances must begin doing so) – but “prescribers who do not implement until January 1, 2022, will still be considered compliant.”

Words to Inspire...

Words of Thoreau for These Dark Days of Winter



“However mean your life is, meet it and live it; do not shun it and call it hard names. It is not so bad as you are. It looks poorest when you are richest. The fault-finder will find faults even in paradise. Love your life, poor as it is. You may perhaps have some pleasant, thrilling, glorious hours, even in a poorhouse. The setting sun is reflected from the windows of the almshouse as brightly as from the rich man’s abode; the snow melts before its door as early

in the spring. I do not see but a quiet mind may live as contentedly there, and have as cheering thoughts, as in a palace."

Henry David Thoreau, Walden

The fate of the country . . . does not depend on what kind of paper you drop into the ballot-box once a year, but on what kind of man you drop from your chamber into the street every morning."

Henry David Thoreau, Journal September 26, 1859



Support GOMA!

*Helping your professional society,
and the osteopathic community weather these
uncertain times.*

CLICK HERE to: Renew or Join GOMA!

DO'ing for Others...

With many college and high school pre-med students across the state, GOMA is seeking practicing osteopathic physicians across all specialties and regions of the state for mentoring opportunities. These opportunities can be as limited as a student-physician phone call or as involved as shadowing and longitudinal mentorship. GOMA is not looking for particular levels of commitment, simply a list of physicians who would be willing to help students. Please email Executive Director, [Valerie Okrend](#) indicating your interest including your preferred level of mentoring for students.

Your information will not be explicitly listed on the website for privacy, rather, GOMA will facilitate the start of communication between physician and student. The objective is for GOMA to reach out to students to learn about osteopathic medicine and provide networking opportunities."

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Mona Masood, DO is a general adult psychiatrist in the greater Philadelphia area is the founder and chief organizer of the Physician Support Line. , a free confidential peer support line by volunteer psychiatrists was started. It is supported 8 AM to Midnight seven days a week.

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